

# LOCATE DATA SHEET

FL-558

Petitioner ☐ IV-D Non Public Assistance  
☐ IV-D Non PA Medicaid  
☐ Full Services  
Respondent ☐ Medical Services Only  
☐ IV-D Public Assistance  
☐ IV-E Foster Care (IV-D Case)  
☐ Non-IV-D

File Stamp

To: (Agency Name and Address)

Responding FIPS Code \_\_\_\_\_ State \_\_\_\_\_

Responding IV-D Case No. \_\_\_\_\_

Responding Docket No. \_\_\_\_\_

From: (Contact Person, Agency, Address, Phone, Fax, Internet)

Initiating FIPS Code \_\_\_\_\_ State \_\_\_\_\_

Initiating IV-D Case No. \_\_\_\_\_

Initiating Docket No. \_\_\_\_\_

Initiating Jurisdiction ☐ URESA ☐ UIFSA

☐ Non Custodial Parent Information ☐ Custodial Parent Information ☐ Possibly Dangerous

Full Name (First, Mid, Last) \_\_\_\_\_ Social Security Number(s) \_\_\_\_\_

☐ Alias ☐ Maiden Name ☐ Mother's Maiden or Father's Name \_\_\_\_\_ Current Spouse's Name (Fst, M, Lst) \_\_\_\_\_

Date of Birth (or approximate year) \_\_\_\_\_ Place of Birth (City, State, County) \_\_\_\_\_ Driver's License Number/State \_\_\_\_\_

Sex	Race	Hair	Eyes	Height	Weight	Distinguishing Marks, Scars, Tatoos, Glasses, Etc.
-----	------	------	------	--------	--------	--

Last Known Address - ☐ Residence ☐ Mailing \_\_\_\_\_ ☐ Confirmed Date \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

Usual Occupation/Professional Licenses \_\_\_\_\_

Last Known Employer (Name, Full Address, Federal EIN) \_\_\_\_\_ ☐ Confirmed Date \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

Other Information, Including Assets, Education, Police Record, Public Assistance History \_\_\_\_\_

Employment Wage Qtr \_\_\_\_\_

Wage Year \_\_\_\_\_

Attachments: ☐ Photograph ☐ Other Items, e.g. Fingerprints \_\_\_\_\_ Wage Amount \_\_\_\_\_

Date

Initiating Contact Person (Print or Type)

Telephone Number and Extension

Fax Number



**AFFIDAVIT IN SUPPORT OF ESTABLISHING PATERNITY**

Petitioner ☐ IV-D Non Public Assistance  
☐ IV-D Non PA Medicaid  
☐ Full Services  
☐ Medical Services Only

Respondent ☐ IV-D Public Assistance  
☐ IV-E Foster Care (IV-D Case)  
☐ Non IV-D

File Stamp

Responding IV-D Case No. \_\_\_\_\_ Initiating IV-D Case No. \_\_\_\_\_

Responding Docket No. \_\_\_\_\_ Initiating Docket No. \_\_\_\_\_

**A Separate Affidavit is Required for Each Child Needing Paternity Established.****SECTION I**

I, \_\_\_\_\_, on oath, under penalty of perjury depose and allege:  
 Name (First, Middle, Last)

1. I am the ☐ natural mother of the child named below:  
☐ natural father

Child's Full Name (First, Middle, Last)		Child's Date of Birth (Month, Date, Year)	Place of Birth (City, County, State)
Date Mother Got Pregnant (Month, Date, Year)	Full Term Pregnancy <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, explain)	Where Mother Got Pregnant (City, County, State)	

2. The child was conceived as a result of sexual intercourse between \_\_\_\_\_  
 and me during the time stated above. Name (First, Middle, Last)

3. a. A man is named as the father on the child's birth certificate. ☐ Yes (Attach copy) ☐ No  
 If Yes, the man's name and address are:
- b. A man was married to the natural mother, and the child's birth occurred within a year of the end of the marriage. ☐ Yes ☐ No  
 If Yes, the man's name and address are:
- c. A man signed an acknowledgment of paternity. ☐ Yes (Attach copy) ☐ No  
 If Yes, the man's name and address are:
- d. A man acted as and presented himself to be the child's father. ☐ Yes ☐ No  
 If Yes, the man's name and address are:
- e. Genetic tests were completed to determine the father of the child. ☐ Yes ☐ No  
 If Yes, attach results.

**SECTION II (TO BE COMPLETED BY MOTHER ONLY)**

1. I had sexual intercourse with another man (other than the man I am naming as the child's natural father) during the time 30 days before or 30 days after the child was conceived. ☐ Yes ☐ No. (If Yes, complete the following).
- a. The name(s) and address(es) of the other man/men:
- b. The other man/men are biologically related to the man I am naming as the child's natural father. ☐ Yes ☐ No. If Yes, explain the biological relationship (e.g., brother, cousin, uncle, etc.):
- c. I do not believe the other man/men is/are the father because:
2. I was married at the time of this child's birth. ☐ Yes ☐ No. (If Yes, complete the following).
- a. Husband's name (first, middle, last) and last known address:
- b. Explain why the husband is not the father of this child and attach all appropriate documents, including divorce decree, blood test results and prior findings of nonpaternity, if any:
3. \_\_\_\_\_ is the father of this child. The following facts support my allegations of paternity:  
Name (First, Middle, Last)
- a. We lived together. ☐ Yes ☐ No Dates: \_\_\_\_\_ To \_\_\_\_\_  
Location \_\_\_\_\_
- b. I have told welfare officials that he is the father of this child. ☐ Yes ☐ No
- c. I told him that he was the father of the child. ☐ Yes ☐ No
- d. He is named as the father on the birth certificate. ☐ Yes ☐ No ☐ Certified Copy Attached
- e. He admitted being the father of the child. ☐ Yes ☐ No
- f. He signed an acknowledgment of paternity. ☐ Yes ☐ No ☐ Certified Copy Attached
- g. He sent cards/letters regarding the pregnancy and/or about the child. ☐ Yes ☐ No ☐ Copies Attached
- h. He was present at the birth of the child. ☐ Yes ☐ No
- i. He visited the child at the hospital following birth. ☐ Yes ☐ No
- j. He offered to pay for an abortion/medical expenses. ☐ Yes ☐ No
- k. He paid for birth related expenses. ☐ Yes ☐ No
- l. He claimed the child on tax returns. ☐ Yes ☐ No ☐ Don't Know
- m. He has provided food, clothing, gifts or financial support for the child. ☐ Yes ☐ No If Yes, explain in Section IV
- n. He lived with the child. ☐ Yes ☐ No If Yes, explain in Section IV
- o. He visited the child. ☐ Yes ☐ No If Yes, explain in Section IV
- p. The child resembles him. ☐ Photo attached ☐ Yes ☐ No If Yes, explain in Section IV
- q. There are witnesses to my relationship with him. ☐ Yes ☐ No  
(If Yes, list names and addresses and briefly describe relevant facts known by each under Section IV)

**SECTION III (TO BE COMPLETED BY FATHER ONLY)**

The following facts support my belief and statements that I am the father of this child:

- |  |  |  |
|--|--|--|
| a. The mother and I lived together.  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Dates: _____ To _____<br>Location _____          |
| b. The mother told me that I am the father of the child.                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| c. I am named as the father on the birth certificate.                        | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Certified Copy Attached |
| d. I signed an acknowledgment of paternity.                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Certified Copy Attached |
| e. I was present at the birth of the child.                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| f. I visited the child at the hospital following birth.                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| g. I offered to pay for an abortion/medical expenses.                        | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| h. I paid for birth related expenses.  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| i. I claimed the child on tax returns.                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| j. I have provided food, clothing, gifts or financial support for the child. | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, explain in Section IV                    |
| k. I lived with the child.   | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, explain in Section IV                    |
| l. I visited the child.  | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, explain in Section IV                    |
| m. The child resembles me. <input type="checkbox"/> Photo attached           | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, explain in Section IV                    |
| n. There are witnesses to my relationship with the child's mother.           | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

(If Yes, list names and addresses and briefly describe relevant facts known by each under Section IV)

**SECTION IV -- OTHER PERTINENT INFORMATION** (including detailed explanations for "Yes" responses in Section II or Section III above)

☐ Continued On Attached Sheet(s), incorporated by reference.

All of the information and facts contained in this AFFIDAVIT IN SUPPORT OF ESTABLISHING PATERNITY are true and correct to my best knowledge and belief. I agree to submit myself and, if I am the custodian, my child to genetic testing as may be necessary to establish paternity.

_____	_____
Date	Signature
_____	_____
Sworn to and Signed before me this Date, County and State	Notary Public/Official and Title
_____	_____
	Commission Expires



**UNIFORM SUPPORT PETITION**

Petitioner ☐ IV-D Non Public Assistance  
☐ IV-D Non PA Medicaid  
☐ Full Services  
☐ Medical Services Only

Respondent ☐ IV-D Public Assistance  
☐ IV-E Foster Care (IV-D Case)  
☐ Non IV-D

File Stamp

Responding IV-D Case No. \_\_\_\_\_ Initiating IV-D Case No. \_\_\_\_\_

Responding Docket No. \_\_\_\_\_ Initiating Docket No. \_\_\_\_\_

**I. Action**

The Respondent and/or the Respondent's property is subject to the jurisdiction of the responding tribunal.

The Respondent owes a duty of support to the following children:

Full Name (First, Middle, Last) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_

The Petitioner files this Petition to request:

- ☐ Establishment of a Paternity
- ☐ Establishment of Order for:
- ☐ Child Support ☐ Medical Coverage
- ☐ Spousal Support ☐ Reasonable Attorney Fees, Other Fees and Costs
- ☐ Support for a Prior Period; From: \_\_\_\_\_ To: \_\_\_\_\_
- ☐ Paternity Testing Costs in the Amount of \$ \_\_\_\_\_
- ☐ Modification of a Support Order
- ☐ Other Remedy Sought: \_\_\_\_\_

**II. Grounds Supporting the Remedy Sought in Section I (when applicable)**

- ☐ Respondent is the noncustodial parent of the children named in this Petition.
- ☐ A modification is appropriate due to a change in circumstances.
- ☐ Grounds for other remedy sought:

**III. Additional Supporting Information**

The following documents are attached to, and incorporated in, this Petition. These documents contain the required additional information.

- |   |   |
|---|---|
| <input type="checkbox"/> Petitioner's General Testimony | <input type="checkbox"/> Affidavit in Support of Establishing Paternity |
| <input type="checkbox"/> Acknowledgment of Paternity    | <input type="checkbox"/> Birth Certificate of the Child                 |
| <input type="checkbox"/> Other: _____                   |   |

**IV. Verification**

- ☐ Under penalties of perjury, all information and facts stated in this Petition are true to the best of my knowledge and belief.

\_\_\_\_\_  
Date\_\_\_\_\_  
☐ Signature of Petitioner      ☐ IV-D Representative/Title\_\_\_\_\_  
Sworn to and Signed Before  
Me This Date, County/State\_\_\_\_\_  
Notary Public, Court/Agency Official and Title\_\_\_\_\_  
Commission Expires\_\_\_\_\_  
Date\_\_\_\_\_  
Signature of Petitioner's Attorney / Bar Number (if applicable)



**REGISTRATION STATEMENT**

Responding IV-D Case No. \_\_\_\_\_

Initiating IV-D Case No. \_\_\_\_\_

Responding Docket No. \_\_\_\_\_

Initiating Docket No. \_\_\_\_\_

**I. Case Summary** (Background of this Matter: Court / Administrative Actions)

Date of Support Order

State and County Issuing Order

Tribunal Case No.

Support Amount/Frequency

Date of Last Payment

Amount of Arrears

Period of Computation

\$

\$

Date

thru

Date

**II. Mother Information**☐ Obligor ☐ ObligeeFull Name and Aliases  
(First, Middle, Last)

Address (Street, City, State, Zip)

Employer (Name, Street, City, State, Zip)

SSN: \_\_\_\_\_

**III. Father Information**☐ Obligor ☐ ObligeeFull Name and Aliases  
(First, Middle, Last)

Address (Street, City, State, Zip)

Employer (Name, Street, City, State, Zip)

SSN: \_\_\_\_\_

**IV. Caretaker (If Not a Parent)**

Relationship to Child(ren) \_\_\_\_\_

Full Name and Aliases  
(First, Middle, Last)

Address (Street, City, State, Zip)

SSN: \_\_\_\_\_

**V. Additional Case Information**

This order is registered in the following states:

Description and location of any property not exempt from execution:

Other:

**VI. Verification / Certification**

Under penalties of perjury, all information and facts concerning the arrearage accrued under this order are true to the best of my knowledge and belief.

\_\_\_\_\_  
Date\_\_\_\_\_  
☐ Party seeking Registration\_\_\_\_\_  
☐ Records Custodian\_\_\_\_\_  
Sworn to and Signed Before Me This  
Date, County/State\_\_\_\_\_  
Notary Public, Court/Agency Official and Title\_\_\_\_\_  
Commission Expires



**GENERAL TESTIMONY**

Petitioner ☐ IV-D Non Public Assistance  
☐ IV-D Non PA Medicaid  
☐ Full Services  
☐ Medical Services Only

Respondent ☐ IV-D Public Assistance  
☐ IV-E Foster Care (IV-D Case)  
☐ Non IV-D

File Stamp

Responding IV-D Case No. \_\_\_\_\_ Initiating IV-D Case No. \_\_\_\_\_

Responding Docket No. \_\_\_\_\_ Initiating Docket No. \_\_\_\_\_

Petitioner is: ☐ Obligee ☐ Caretaker Other than Parent  
☐ Obligor ☐ Foster Care

Respondent is: ☐ Obligee ☐ Caretaker Other than Parent  
☐ Obligor ☐ Foster Care

\_\_\_\_\_ being duly sworn, under penalties of perjury, testifies as follows:

Name (First, Middle, Last)

**I. Personal Information About Child(ren)'s Mother ☐ see Section X**

A.1. Mother is: <input type="checkbox"/> Obligee <input type="checkbox"/> Obligor		2. <input type="checkbox"/> Nondisclosure Finding Attached	
3. Full Name (First, Mid, Last; include nickname, alias)			
4. Home Address <input type="checkbox"/> Confirmed _____ (date)		5. Social Security Number	6. Date of Birth
		7. Home Phone ( )	8. Work Phone ( )
9. Employer Name & Address <input type="checkbox"/> Confirmed _____ (date)		10(a). Occupation, Trade or Profession	
		10(b). Highest Level Of Education Attained	
11. Estimated Gross Monthly Earnings \$		12. Other Monthly Income (& source) \$	
13. Real or Personal Property (type & location)			

**B. Physical Description of Child(ren)'s Mother (Optional: Attach photo if available.)**

1. Race	2. Height	3. Weight	4. Hair Color	5. Eye Color
---------	-----------	-----------	---------------	--------------

**C. Present Marital Status of Child(ren)'s Mother**

1. <input type="checkbox"/> Married	2. <input type="checkbox"/> Single	3. <input type="checkbox"/> Living with Non-Marital Partner
4. <input type="checkbox"/> Divorced	5. <input type="checkbox"/> Legally Separated	6. <input type="checkbox"/> Separated 7. <input type="checkbox"/> Unknown

**GENERAL TESTIMONY, PAGE 2**

Initiating IV-D Case No. \_\_\_\_\_

**D. Information about Current Spouse or Partner of Child(ren)'s Mother**

1. Name of New Spouse or Non-Marital Partner (First, Mid, Last)	2. Is Current Spouse/Partner Employed? [ ] Yes [ ] No [ ] Unknown
3. Name and Address of Spouse's/Partner's Employer	4. Spouse's/Partner's Estimated Gross Monthly Earnings \$

**E. Is the child(ren)'s mother responsible for dependents other than those listed in Section V (pages 4 & 5)?**

[ ] Yes [ ] No [ ] Unknown (If yes, provide information below.)

1.	a. Full Name (First, Mid, Last)	b. Date of Birth
	c. Relationship	d. Living With:
	e. Source of Support/Income	f. Monthly Amount; Gross: Net:
2.	a. Full Name (First, Mid, Last)	b. Date of Birth
	c. Relationship	d. Living With:
	e. Source of Support/Income	f. Monthly Amount; Gross: Net:
3.	a. Full Name (First, Mid, Last)	b. Date of Birth
	c. Relationship	d. Living With:
	e. Source of Support/Income	f. Monthly Amount; Gross: Net:

**II. Personal Information About Child(ren)'s Father [ ] See Section X**

A.1. Father is: [ ] Obligee [ ] Obligor	2. [ ] Nondisclosure Finding Attached	
3. Full Name (First, Mid, Last; include nickname, alias)		
4. Home Address [ ] Confirmed _____ (date)	5. Social Security Number	6. Date of Birth
	7. Home Phone ( )	8. Work Phone ( )
9. Employer Name & Address [ ] Confirmed _____ (date)	10(a). Occupation, Trade or Profession	
	10(b). Highest Level Of Education Attained	
11. Estimated Gross Monthly Earnings \$	12. Other Monthly Income (& source) \$	
13. Real or Personal Property (type & location)		

**B. Physical Description of Child(ren)'s Father (Optional: Attach photo if available.)**

1. Race	2. Height	3. Weight	4. Hair Color	5. Eye Color
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**GENERAL TESTIMONY, PAGE 3**

Initiating IV-D Case No. \_\_\_\_\_

**C. Present Marital Status of Child(ren)'s Father**

1. <input type="checkbox"/> Married	2. <input type="checkbox"/> Single	3. <input type="checkbox"/> Living with Non-Marital Partner
4. <input type="checkbox"/> Divorced	5. <input type="checkbox"/> Legally Separated	6. <input type="checkbox"/> Separated      7. <input type="checkbox"/> Unknown

**D. Information about Current Spouse or Partner of Child(ren)'s Father**

1. Name of New Spouse or Non-Marital Partner (First, Mid, Last)	2. Is Current Spouse/Partner Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
3. Name and Address of Spouse's/Partner's Employer	4. Spouse's/Partner's Estimated Gross Monthly Earnings \$ _____

**E. Is the child(ren)'s father responsible for dependents other than those listed in Section V (pages 4 & 5)?**
☐ Yes   ☐ No   ☐ Unknown   (If yes, provide information below.)

1.	a. Full Name (First, Mid, Last)		b. Date of Birth	
	c. Relationship		d. Living With:	
	e. Source of Support/Income		f. Monthly Amount; Gross:      Net:	
2.	a. Full Name (First, Mid, Last)		b. Date of Birth	
	c. Relationship		d. Living With:	
	e. Source of Support/Income		f. Monthly Amount; Gross:      Net:	
3.	a. Full Name (First, Mid, Last)		b. Date of Birth	
	c. Relationship		d. Living With:	
	e. Source of Support/Income		f. Monthly Amount; Gross:      Net:	

**III. Personal Information About Caretaker Other than Parent**   ☐ See Section X

1. Caretaker's Relation to Child is:		2. <input type="checkbox"/> Nondisclosure Finding Attached	
3. Full Name (First, Mid, Last; include nickname, alias)			
4. Home Address <input type="checkbox"/> Confirmed _____ (date)	5. Social Security Number	6. Date of Birth	7. Sex
	8. Home Phone (      )	9. Work Phone (      )	
10. Employer Name & Address <input type="checkbox"/> Confirmed _____ (date)	11(a). Occupation, Trade or Profession		
	11(b). Highest Level Of Education Attained		
12. Estimated Gross Monthly Earnings \$ _____	13. Other Monthly Income (& source) \$ _____		
14. Date Child(ren) Began Residing With Caretaker			

**[ ] See Section X**

- 11. Tribunal & Location (Divorce, Legal Separation, Support Order):**

**[ ] See Section X**

☐ Nondisclosure Finding Attached

1.	a. Full Name (First, Mid, Last)		f. Paternity Established? [ ] Yes [ ] No
	b. Address		g. Support Order Established? [ ] Yes [ ] No
			h. Living with Petitioner? [ ] Yes [ ] No
	c. Social Security Number	d. Sex	e. Date of Birth
2.	a. Full Name (First, Mid, Last)		f. Paternity Established? [ ] Yes [ ] No
	b. Address		g. Support Order Established? [ ] Yes [ ] No
			h. Living with Petitioner? [ ] Yes [ ] No
	c. Social Security Number	d. Sex	e. Date of Birth
3.	a. Full Name (First, Mid, Last)		f. Paternity Established? [ ] Yes [ ] No
	b. Address		g. Support Order Established? [ ] Yes [ ] No
			h. Living with Petitioner? [ ] Yes [ ] No
	c. Social Security Number	d. Sex	e. Date of Birth

4. a. Full Name (First, Mid, Last)		f. Paternity Established? [ ] Yes [ ] No
b. Address		
		g. Support Order Established? [ ] Yes [ ] No
c. Social Security Number		h. Living with Petitioner? [ ] Yes [ ] No
d. Sex	e. Date of Birth	

B. The child(ren) began residing in \_\_\_\_\_ on \_\_\_\_\_.

State Month/Year

### VI. Medical Insurance [ ] See Section X

1. Is obligor required by a child support order to provide medical insurance for the child(ren)? [ ] Yes [ ] No
2. Is obligor required by a child support order to provide medical insurance for the obligee? [ ] Yes [ ] No
3. Medical coverage for dependent child(ren) listed in Section V and/or the obligee is provided by:

	For dependent child(ren)	For obligee	
Obligee	[ ]	[ ]	Obligee's Insurance Company:
Obligor	[ ]	[ ]	Policy Number:
State Medicaid	[ ]	[ ]	Obligor's Insurance Company:
Obligee's Employer	[ ]	[ ]	Policy Number:
Obligor's Employer	[ ]	[ ]	Other Insurance Company:
Other _____	[ ]	[ ]	Policy Number:
Unknown	[ ]	[ ]	
No Coverage	[ ]	[ ]	

4. The monthly cost paid by the obligee for medical insurance for the obligor's child(ren) only is: \$ \_\_\_\_\_

(If medical insurance is provided by the obligee or obligee's employer, skip to number 6).

5. Obligee can purchase needed medical insurance at a monthly cost of: \$ \_\_\_\_\_

6. Were the children ever covered by medical insurance provided by the obligor/obligee, or his/her current employer? [ ] Yes [ ] No [ ] Unknown

7. Do any of the obligor's children have special needs or extraordinary medical expenses not covered by insurance? [ ] Yes [ ] No

(If "Yes", please indicate the child involved and the type of special needs/extraordinary medical expenses and the related costs. Attach proof.)

**VII. Support Order and Payment Information** ☐ See Section X

1. Does a support order exist? (If "No", skip to page 7.) ☐ Yes ☐ No
2. Did child(ren) reside with the obligor at anytime during the period for which support is sought, except during periods of visitation specified by a tribunal's order? ☐ Yes ☐ No If "Yes", Identify Period of Residency:  
From: \_\_\_\_\_ Thru: \_\_\_\_\_
3. If a modification is being requested, indicate the basis for the request below:  
☐ The earnings of the obligor have substantially increased or decreased.  
☐ The earnings of the obligee have substantially increased or decreased.  
☐ The needs of a party or of the child(ren) have substantially increased or decreased.  
☐ Other, Explain \_\_\_\_\_
4. Describe all current support orders (include all pertinent orders and modifications). NOTE: if more than three (3) orders exist, attach complete description as below for each.

Date of Order	Current Amount \$	Per Month/Week/etc.	Toward Arrears \$	Per Month/Week/etc.
Unpaid Interest \$ _____ as of _____ (date)		Total Arrears \$ _____ as of _____ (date)		
Tribunal's Name & Address _____				

Date of Order	Current Amount \$	Per Month/Week/etc.	Toward Arrears \$	Per Month/Week/etc.
Unpaid Interest \$ _____ as of _____ (date)		Total Arrears \$ _____ as of _____ (date)		
Tribunal's Name & Address _____				

Date of Order	Current Amount \$	Per Month/Week/etc.	Toward Arrears \$	Per Month/Week/etc.
Unpaid Interest \$ _____ as of _____ (date)		Total Arrears \$ _____ as of _____ (date)		
Tribunal's Name & Address _____				

5. Unpaid Medical Cost Reimbursement \$ \_\_\_\_\_ as of \_\_\_\_\_ Date \_\_\_\_\_  
(attach documentation)

6. Other Unpaid Costs and Fees \$ \_\_\_\_\_ as of \_\_\_\_\_ Date \_\_\_\_\_

Explain: \_\_\_\_\_

7. Direct Payments to Oblige: ☐ Affidavit from Oblige Attached ☐ No Direct Payments Received

8. Obligor's support payment history:

☐ Certified copy of tribunal/agency payment history is attached. (Skip to page 7). ☐ Payment history provided on page 6a. ☐ N.A.; responding State does not require. (Skip to page 7).

From (Year) to (Year):	Agency Which Prepared Audit/Payment History:
------------------------	--



# GENERAL TESTIMONY, PAGE 6a

Initiating IV-D Case No. \_\_\_\_\_

Obligor's Payment History

Adjudicated Arrears \$ \_\_\_\_\_ as of \_\_\_\_\_  
Date of Order

Year: \_\_\_\_\_

	Amount Due	Amount Paid	Balance
Jan			
Feb			
Mar			
Apr			
May			
Jun			
Jul			
Aug			
Sep			
Oct			
Nov			
Dec			
Total			

Year: \_\_\_\_\_

Amount Due	Amount Paid	Balance

Year: \_\_\_\_\_

	Amount Due	Amount Paid	Balance
Jan			
Feb			
Mar			
Apr			
May			
Jun			
Jul			
Aug			
Sep			
Oct			
Nov			
Dec			
Total			

Year: \_\_\_\_\_

Amount Due	Amount Paid	Balance

Total of Adjudicated and Accrued Arrears \$ \_\_\_\_\_ as of \_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name/Title, Agency or Tribunal

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Sworn to and Signed before me  
this Date, County, State

\_\_\_\_\_  
Notary Public, Tribunal/Agency  
Official and Title

\_\_\_\_\_  
Commission Expires

**VIII. Obligee's Public Assistance Status [ ] See Section X**

[If no public assistance was paid, skip to Section IX.]

1. Period during which public assistance was paid:

From: \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_ by: \_\_\_\_\_  
First month year Last month year State2. Total amount of public assistance paid: \$ \_\_\_\_\_ as of \_\_\_\_\_  
Date3. Medical assistance related to prenatal, postnatal, or general expenses was paid in the amount of \$ \_\_\_\_\_  
by: \_\_\_\_\_  
Agency or Person**IX. Financial Information [ ] See Section X**

Information required varies based on responding State's guidelines. Updates may be required.

**A. Monthly Income from All Sources:**

1. Is the petitioner employed? [ ] Yes; occupation: \_\_\_\_\_ [ ] No; income source: \_\_\_\_\_

2. Gross Monthly Income Amounts: Petitioner Current Spouse/Partner Obligor's Dependent(s)

## a) Public Assistance

i) SSI

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

ii) Family Assistance

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

iii) Other

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

b) Base pay salary, wages

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

c) Overtime, commissions,  
tips, bonuses, parttime

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

d) Unemployment compensation

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

e) Worker's compensation

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

f) Social Security Disability

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

g) Social Security Retirement

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

h) Dividends and interest

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

i) Trust/Annuity Income

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

j) Pensions, retirement

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

k) Child support

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

l) Spousal support/alimony

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

m) All other sources

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Explain "other sources": \_\_\_\_\_

3. Total Gross Monthly (lines "2a" through "2m") \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

## 4. Deductions From Gross

a) Federal Income Tax

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

b) State Income Tax

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

c) Local Tax

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

d) F.I.C.A.

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

	<u>Petitioner</u>	<u>Current Spouse/Partner</u>	<u>Obligor's Dependent(s)</u>
<b>5. Adjusted Net Monthly</b>	\$ _____	\$ _____	\$ _____
(lines "3" minus lines "4a through 4d")			
<b>6. Other Deductions</b>			
a) Savings	\$ _____	\$ _____	\$ _____
b) Loan Repayment	\$ _____	\$ _____	\$ _____
c) Mandatory Retirement	\$ _____	\$ _____	\$ _____
d) Non-mandatory Retirement	\$ _____	\$ _____	\$ _____
e) Medical Insurance	\$ _____	\$ _____	\$ _____
f) Union Dues	\$ _____	\$ _____	\$ _____
g) Other (specify)	\$ _____	\$ _____	\$ _____
<b>7. Net Monthly Income</b>	\$ _____	\$ _____	\$ _____
(line 5 minus lines "6a through 6g")			
<b>8. Gross Income Prior Year</b>	\$ _____	\$ _____	\$ _____

Attach three most recent paystubs from each current employer for all parties shown.

**B. Monthly Expenses:**

	<u>Petitioner</u>	<u>Obligor's Dependent(s)</u>
1) Rent/Mortgage	\$ _____	\$ _____
2) Homeowners/Renters Insurance	\$ _____	\$ _____
3) Home Maintenance & Repair	\$ _____	\$ _____
4) Heat	\$ _____	\$ _____
5) Electricity/Gas	\$ _____	\$ _____
6) Telephone	\$ _____	\$ _____
7) Water/Sewer	\$ _____	\$ _____
8) Food	\$ _____	\$ _____
9) Laundry/Cleaning	\$ _____	\$ _____
10) Clothing	\$ _____	\$ _____
11) Life Insurance	\$ _____	\$ _____
12) Medical Insurance	\$ _____	\$ _____
13) Uninsured Extraordinary Medical (attach documentation)	\$ _____	\$ _____
14) Other Uninsured Health-Related Expenses	\$ _____	\$ _____
15) Auto Payment	\$ _____	\$ _____
16) Auto Insurance	\$ _____	\$ _____
17) Auto Expenses	\$ _____	\$ _____
18) Other Transportation	\$ _____	\$ _____
19) Child Care	\$ _____	\$ _____
Provider: _____		
Frequency: _____		
20) Support Payments, actual amount paid	\$ _____	\$ _____
21) Other; Explain: _____	\$ _____	\$ _____
<b>Total Monthly Expenses</b> (lines 1 through 21)	\$ _____	\$ _____

C. Assets:

1) Real Estate

Address

Owner(s)

Title

\$

Assessed Value

minus

\$

Mortgage(s)

= \$

2) IRA, Keogh, Pension, Profit Sharing, Other Retirement Plans

Institution or Plan Name and Account No.

\$

Institution or Plan Name and Account No.

\$

3) Tax Deferred Annuity Plan(s)

4) Life Insurance: Present Cash Value

5) Savings & Checking Accounts, Money Market Accounts, & CDs

Institution Name and Account Number

\$

Institution Name and Account Number

\$

6) Automobiles/Vehicles

Make	Model	Year	\$ Estimated Value	minus \$	Loan Balance	= \$
Make	Model	Year	\$ Estimated Value	minus \$	Loan Balance	= \$
Make	Model	Year	\$ Estimated Value	minus \$	Loan Balance	= \$

7) Other (e.g., Personal Property, Securities, etc). Describe:

\$

\$

Total Assets (lines 1 through 7)

\$

**X. Other Pertinent Information** (Attach additional sheets if necessary).

**XI. Verification**

☐ Attached are the required number of copies of all support orders for the case.

Also attached and incorporated by reference are:

- ☐ Copy of the certified child support payment records.
- ☐ Copies of three most recent paystubs from current employer.
- ☐ Copies of bills for prenatal, postnatal and general health care of mother and child.
- ☐ Assignment or subrogation of support rights.
- ☐ "Affidavit in Support of Establishing Paternity" for each child whose paternity is at issue.
- ☐ Copy of child(ren)'s birth certificate(s).
- ☐ Acknowledgment of parentage.
- ☐ Other: \_\_\_\_\_

All of the information and facts contained in this General Testimony are true and correct to my/our best knowledge and belief.

_____	_____	_____
Date	Petitioner (Name/Title)	Signature

_____	_____	_____
Date	Agency Representative (Name/Title)	Signature

Sworn to and Signed Before me	Notary Public, Tribunal/Agency	Commission Expires
This Date County/State	Official and Title	



**CHILD SUPPORT ENFORCEMENT TRANSMITTAL #1 - INITIAL REQUEST**

Petitioner ☐ IV-D Non Public Assistance  
☐ IV-D Non PA Medicaid  
☐ Full Services  
Respondent ☐ Medical Services Only  
☐ IV-D Public Assistance  
☐ IV-E Foster Care (IV-D Case)  
☐ Non-IV-D

File Stamp

To: (Agency Name and Address)

Responding FIPS Code \_\_\_\_\_ State \_\_\_\_\_

Responding IV-D Case No. \_\_\_\_\_

Responding Docket No. \_\_\_\_\_

From: (Contact Person, Agency, Address, Phone, Fax, Internet)

Initiating FIPS Code \_\_\_\_\_ State \_\_\_\_\_

Initiating IV-D Case No. \_\_\_\_\_

Initiating Docket No. \_\_\_\_\_

Send Payments To: (if different from above)

Payment FIPS Code \_\_\_\_\_ State \_\_\_\_\_

Bank Account \_\_\_\_\_ Routing Code \_\_\_\_\_

Initiating Jurisdiction ☐ URESA ☐ UIFSA State with Continuing Exclusive Jurisdiction (CEJ) \_\_\_\_\_

**I. Action.** The Responding Jurisdiction Should Provide All Appropriate Services Including:

- |  |   |
|--|---|
| 1. <input type="checkbox"/> Establishment of Paternity   | 6. <input type="checkbox"/> Registration of Foreign Support Order:  |
| 2. <input type="checkbox"/> Establishment of Order for:  | A. <input type="checkbox"/> For Enforcement Only C. <input type="checkbox"/> For Modification                         |
| A. <input type="checkbox"/> Child Support D. <input type="checkbox"/> Medical Coverage             | B. <input type="checkbox"/> For Modification and Enforcement  |
| B. <input type="checkbox"/> Spousal Support E. <input type="checkbox"/> Other Costs (Use Sec. VII) | Requested by: <input type="checkbox"/> Obligor <input type="checkbox"/> Obligea <input type="checkbox"/> State Agency |
| C. <input type="checkbox"/> Support for a Prior Period   | (Requires Sworn Statement of Arrears)   |
| 3. <input type="checkbox"/> Enforcement of Responding Tribunal Order                               | 7. <input type="checkbox"/> Collection of Arrears   |
| 4. <input type="checkbox"/> Modification of Responding Tribunal Order                              | 8. <input type="checkbox"/> Income Withholding  |
| 5. <input type="checkbox"/> Change of Payee/Redirection of Payment                                 | 9. <input type="checkbox"/> Administrative Review for Federal Tax Offset  |
| Please Return the Acknowledgment Attached (3 of 3)   | 10. <input type="checkbox"/> Other _____  |

**II. Case Summary** (Background of this Matter: Court/Administrative Actions)

Date of Support Order \_\_\_\_\_ State & County Issuing Order \_\_\_\_\_ Tribunal Case No. \_\_\_\_\_

Support Amount/Frequency \$ _____	Date of Last Payment _____	Amount of Arrears \$ _____	Period of Computation _____ thru _____ Date Date
--------------------------------------	-------------------------------	-------------------------------	--

☐ Presumed Controlling Order ☐ Determined Controlling Order

Date of Support Order \_\_\_\_\_ State & County Issuing Order \_\_\_\_\_ Tribunal Case No. \_\_\_\_\_

Support Amount/Frequency \$ _____	Date of Last Payment _____	Amount of Arrears \$ _____	Period of Computation _____ thru _____ Date Date
--------------------------------------	-------------------------------	-------------------------------	--

☐ Presumed Controlling Order ☐ Determined Controlling Order

Date of Support Order \_\_\_\_\_ State & County Issuing Order \_\_\_\_\_ Tribunal Case No. \_\_\_\_\_

Support Amount/Frequency \$ _____	Date of Last Payment _____	Amount of Arrears \$ _____	Period of Computation _____ thru _____ Date Date
--------------------------------------	-------------------------------	-------------------------------	--

☐ Presumed Controlling Order ☐ Determined Controlling Order

**III. Mother Information**☐ Obligor ☐ ObligeeFull Name and Aliases  
(First, Middle, Last)

Address (Street, City, State, Zip)

Employer/Address (Name, Street, City, State, Zip)

Home Phone ( )

☐ Address Confirmed \_\_\_\_\_  
Date☐ Employer Confirmed \_\_\_\_\_  
Date

Work Phone ( )

Date/Place of Birth

Date

Place

Social Security No. \_\_\_\_\_

**IV. Father Information**☐ Obligor ☐ ObligeeFull Name and Aliases  
(First, Middle, Last)

Address (Street, City, State, Zip)

Employer/Address (Name, Street, City, State, Zip)

Home Phone ( )

☐ Address Confirmed \_\_\_\_\_  
Date☐ Employer Confirmed \_\_\_\_\_  
Date

Work Phone ( )

Date/Place of Birth

Date

Place

Social Security No. \_\_\_\_\_

**V. Caretaker (If Not a Parent)**

Relationship to Child(ren) \_\_\_\_\_

Full Name and Aliases  
(First, Middle, Last)

Address (Street, City, State, Zip)

Employer/Address (Name, Street, City, State, Zip)

Home Phone ( )

☐ Address Confirmed \_\_\_\_\_  
Date☐ Employer Confirmed \_\_\_\_\_  
Date

Work Phone ( )

Date/Place of Birth

Date

Place

Sex

M/F

Social Security No. \_\_\_\_\_

**VI. Dependent Children Information**

Full Name (First, Middle, Last)

Date of Birth

Sex

Social Security No.

State of Residence  
for last 6 months**VII. Additional Case Information**☐ Nondisclosure Finding Attached**VIII. Attachments (Supporting Documentation)**☐ Arrears Statement/Payment History☐ Support Order(s)☐ Uniform Support Petition (3 Copies)☐ Divorce Decree☐ General Testimony/Affidavit☐ Assignment of Rights☐ Affidavit in Support of Establishing Paternity☐ Description of Real/Personal Property☐ Acknowledgment of Parentage☐ Photograph of Respondent☐ Other Documents Relating to Paternity☐ Other Attachments

Date

Initiating Contact Person (Print or Type)

( ) \_\_\_\_\_  
Telephone Number & Extension( ) \_\_\_\_\_  
Fax Number



**CHILD SUPPORT ENFORCEMENT TRANSMITTAL #1 - INITIAL REQUEST**

Petitioner

☐ IV-D Non Public Assistance☐ IV-D Non PA Medicaid☐ Full Services

Respondent

☐ Medical Services Only☐ IV-D Public Assistance☐ IV-E Foster Care (IV-D Case)☐ Non-IV-D

File Stamp

To: (Agency Name and Address)

Responding FIPS Code \_\_\_\_\_ State \_\_\_\_\_

Responding IV-D Case No. \_\_\_\_\_

Responding Docket No. \_\_\_\_\_

From: (Contact Person, Agency, Address, Phone, Fax, Internet)

Initiating FIPS Code \_\_\_\_\_ State \_\_\_\_\_

Initiating IV-D Case No. \_\_\_\_\_

Initiating Docket No. \_\_\_\_\_

Send Payments To: (if different from above)

Payment FIPS Code \_\_\_\_\_ State \_\_\_\_\_

Bank Account \_\_\_\_\_ Routing Code \_\_\_\_\_

Initiating Jurisdiction ☐ URESA ☐ UIFSA State with Continuing Exclusive Jurisdiction (CEJ) \_\_\_\_\_**ACKNOWLEDGMENTS**

Return This Form to Initiating State

☐ Request Received and No Additional Information is Necessary☐ Additional Information Needed☐ Arrears Statement/Payment History☐ Support Order(s)☐ Uniform Support Petition☐ Divorce Decree☐ General Testimony/Affidavit☐ Assignment of Rights☐ Affidavit in Support of Establishing Paternity☐ Description of Real/Personal Property☐ Acknowledgment of Parentage☐ Photograph of Respondent☐ Other Documents Relating to Paternity☐ Other (See Remarks)☐ Remarks/Response☐ Your Case has been Forwarded for Action to:\_\_\_\_\_  
Name of Worker\_\_\_\_\_  
Agency Name\_\_\_\_\_  
Address, FIPS Code\_\_\_\_\_  
Phone & Extension\_\_\_\_\_  
Fax\_\_\_\_\_  
Date\_\_\_\_\_  
Person Completing Form (Print or Type)(\_\_\_\_\_)\_\_\_\_\_  
Telephone Number & Extension(\_\_\_\_\_)\_\_\_\_\_  
Fax Number



CHILD SUPPORT ENFORCEMENT TRANSMITTAL #2 - SUBSEQUENT ACTIONS

Petitioner

Respondent

☐ IV-D Non Public Assistance

☐ IV-D Non PA Medicaid

☐ Full Services

☐ Medical Services Only

☐ IV-D Public Assistance

☐ IV-E Foster Care (IV-D Case)

☐ Non-IV-D

File Stamp

To: (Agency Name and Address)

Responding FIPS Code \_\_\_\_\_ State \_\_\_\_\_

Responding IV-D Case No. \_\_\_\_\_

Responding Docket No. \_\_\_\_\_

From: (Contact Person, Agency, Address, Phone, Fax, Internet)

Initiating FIPS Code \_\_\_\_\_ State \_\_\_\_\_

Initiating IV-D Case No. \_\_\_\_\_

Initiating Docket No. \_\_\_\_\_

Send Payments To: (if different from above)

Payment FIPS Code \_\_\_\_\_ State \_\_\_\_\_

Bank Account \_\_\_\_\_ Routing Code \_\_\_\_\_

Initiating Jurisdiction ☐ URESA ☐ UIFSA State with Continuing Exclusive Jurisdiction (CEJ) \_\_\_\_\_

I. Action

1. ☐ Status Request

2. ☐ Status Update

3. ☐ Notice of Hearing

4. ☐ Notice of Case Forwarding

5. ☐ Document Filed

6. ☐ Order Issued/Confirmed

7. ☐ Notice of Arrearage Reconciliation/Determination of Sum-Certain

8. ☐ Change of Payee/Redirection of Payment

9. ☐ Other \_\_\_\_\_

☐ Please Return the Acknowledgment Attached (2 of 2)

II. Additional Information

\_\_\_\_\_

\_\_\_\_\_

(\_\_\_\_\_)\_\_\_\_\_

Date

Initiating Contact Person (Print or Type)

Telephone Number & Extension

(\_\_\_\_\_)\_\_\_\_\_

Fax Number

**CHILD SUPPORT ENFORCEMENT TRANSMITTAL #2 - SUBSEQUENT ACTIONS**

Petitioner ☐ IV-D Non Public Assistance  
☐ IV-D Non PA Medicaid  
☐ Full Services  
Respondent ☐ Medical Services Only  
☐ IV-D Public Assistance  
☐ IV-E Foster Care (IV-D Case)  
☐ Non-IV-D

File Stamp

To: (Agency Name and Address)

Responding FIPS Code \_\_\_\_\_ State \_\_\_\_\_

Responding IV-D Case No. \_\_\_\_\_

Responding Docket No. \_\_\_\_\_

From: (Contact Person, Agency, Address, Phone, Fax, Internet)

Initiating FIPS Code \_\_\_\_\_ State \_\_\_\_\_

Initiating IV-D Case No. \_\_\_\_\_

Initiating Docket No. \_\_\_\_\_

Send Payments To: (if different from above)

Payment FIPS Code \_\_\_\_\_ State \_\_\_\_\_

Bank Account \_\_\_\_\_ Routing Code \_\_\_\_\_

Initiating Jurisdiction ☐ URESA ☐ UIFSA State with Continuing Exclusive Jurisdiction (CEJ) \_\_\_\_\_**ACKNOWLEDGMENTS**

Return This Form to Initiating State

- ☐ Request Received and No Additional Information is Necessary  
☐ Additional Information Needed (See Remarks)  
☐ Remarks/Response

☐ Your Case has been Forwarded for Action to:

Name of Worker

Agency Name

Address, FIPS Code

Phone &amp; Extension

Fax

Date

Person Completing Form (Print or Type)

( ) Telephone Number &amp; Extension

( ) Fax Number

**CHILD SUPPORT ENFORCEMENT TRANSMITTAL #3 - REQUEST FOR ASSISTANCE/DISCOVERY**

Petitioner [Name (Fst, M, Lst) & Social Security No.] ☐ IV-D Non Public Assistance  
☐ IV-D Non PA Medicaid  
☐ Full Services  
Respondent [Name (Fst, M, Lst), Social Security No. & Address] ☐ Medical Services Only  
☐ IV-D Public Assistance  
☐ IV-E Foster Care (IV-D Case)  
☐ Non-IV-D

File Stamp

To: (Agency/Tribunal Name and Address)

Responding FIPS Code \_\_\_\_\_ State \_\_\_\_\_

Responding IV-D Case No. \_\_\_\_\_

Responding Docket No. \_\_\_\_\_

From: (Contact Person, Agency, Address, Phone, Fax, Internet)

Initiating FIPS Code \_\_\_\_\_ State \_\_\_\_\_

Initiating IV-D Case No. \_\_\_\_\_

Initiating Docket No. \_\_\_\_\_

Initiating Jurisdiction ☐ URESA ☐ UIFSA State with Continuing Exclusive Jurisdiction (CEJ) \_\_\_\_\_

Response Needed by \_\_\_\_\_ (Date)

**I. Action**

1. ☐ Provide/Obtain Copies of Documentation
  - ☐ Certified Copies of Orders ☐ Financial Statement
  - ☐ Payment Records ☐ Other \_\_\_\_\_
2. ☐ Provide Assistance with Service of Process (See Attached)
3. ☐ Provide Assistance with Genetic Testing (See Attached)
4. ☐ Obtain Answers for Interrogatories (See Attached)
5. ☐ Provide Assistance with Teleconference for Hearing or Deposition (See Attached)
6. ☐ Obtain Financial Data/Proof of Respondent's Income (See Section II and/or Attached)
7. ☐ Obtain Party Signature on Attached Form (See Attached)
8. ☐ Other: \_\_\_\_\_

Please Return the Acknowledgment Attached (2 of 2)

**II. Additional Information**

Date

Initiating Contact Person (Print or Type)

( )

Telephone Number &amp; Extension

( )

Fax Number

**CHILD SUPPORT ENFORCEMENT TRANSMITTAL #3 - REQUEST FOR ASSISTANCE/DISCOVERY**

Petitioner ☐ IV-D Non Public Assistance  
☐ IV-D Non PA Medicaid  
☐ Full Services  
Respondent ☐ Medical Services Only  
☐ IV-D Public Assistance  
☐ IV-E Foster Care (IV-D Case)  
☐ Non-IV-D

File Stamp

To: (Agency Name and Address)

Responding FIPS Code \_\_\_\_\_ State \_\_\_\_\_

Responding IV-D Case No. \_\_\_\_\_

Responding Docket No. \_\_\_\_\_

From: (Contact Person, Agency, Address, Phone, Fax, Internet)

Initiating FIPS Code \_\_\_\_\_ State \_\_\_\_\_

Initiating IV-D Case No. \_\_\_\_\_

Initiating Docket No. \_\_\_\_\_

Initiating Jurisdiction ☐ URESA ☐ UIFSA State with Continuing Exclusive Jurisdiction (CEJ) \_\_\_\_\_

**ACKNOWLEDGMENTS** To be Completed by Responding Agency and Returned to Initiating Agency

- ☐ Request Received and No Additional Information is Necessary  
☐ Additional Information Needed (See Remarks)  
☐ Remarks/Response

☐ Your Case has been Forwarded for Action to:

\_\_\_\_\_  
Name of Worker  
\_\_\_\_\_  
Agency Name  
\_\_\_\_\_  
Address, FIPS Code  
\_\_\_\_\_  
Phone & Extension  
\_\_\_\_\_  
Fax

\_\_\_\_\_  
Date Person Completing Form (Print or Type) (\_\_\_\_\_) Telephone Number & Extension  
(\_\_\_\_\_) Fax Number